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**PROPOSAL COVER SHEET**  
**RFP 06-55456**  
**AMERICAN INDIAN/ALASKAN NATIVE CALIFORNIA**  
**RURAL TOBACCO USE SURVEY**

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**1. Applicant Information:**

Applicant Name \_\_\_\_\_

Project Name AI/AN CALIFORNIA RURAL TOBACCO USE SURVEY

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

County \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ FAX (     ) \_\_\_\_\_

E-mail \_\_\_\_\_

Federal Taxpayer Identification Number \_\_\_\_\_

**2. Term of Grant:** July 1, 2007 to June 30, 2009

**3. Total Budget Dollars Requested:** \_\_\_\_\_

4. The undersigned hereby affirms that the statements contained in the application package are true and complete to the best of the applicant's knowledge and accepts as a condition of a grant, the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and open to public inspection. Person authorized by the Board to sign (e.g., Board of Directors, Superintendent of Schools, etc.):

Signature of  
Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

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7. Certification of Non-Acceptance of Tobacco Funds.....	

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**PROPOSAL CHECKLIST**


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The following attachments and components must be completed and submitted in the order shown here. Applications that are missing any of these attachments or components will be considered non-compliant and will not be reviewed. Please note that you are not required to submit the Application Checklist.

<b><u>Attachments and Components</u></b>	<b><u>Check Mark</u></b>
• One (1) Original Application	<input type="checkbox"/>
• Six (6) copies of the entire Application	<input type="checkbox"/>
• ➤ Application Cover Sheet (Attachment 1)	<input type="checkbox"/>
• Application Checklist (Attachment 2)	<input type="checkbox"/>
• Table of Contents (Attachment 3)	<input type="checkbox"/>
• Narrative (Five-page maximum)	<input type="checkbox"/>
• Coordination (Five-page maximum, not including Attachment 4)	
• ➤➤ Acknowledgement of Communication Form (Attachment 4) (Minimum two forms)	<input type="checkbox"/>
• Coordination of a Community Planning Group	<input type="checkbox"/>
• Community Planning Scenarios	<input type="checkbox"/>
• Applicant Capability (Ten-page maximum, not including Attachment 5, and Letters of Reference)	
• Program Experience	<input type="checkbox"/>
• Administrative/Fiscal Experience	<input type="checkbox"/>
• Equipment	<input type="checkbox"/>
• Computer Hardware/Software Minimum Specifications (Attachment 5)	<input type="checkbox"/>
• Letters of Reference (Two required)	<input type="checkbox"/>
• Scope of Work, Phase I (Attachment 6)	<input type="checkbox"/>
• Budget Plan, Phase I (Attachment 7)	<input type="checkbox"/>
<b><u>Additional required forms</u></b>	
• ➤ Drug-Free Workplace Certification (Attachment 8)	<input type="checkbox"/>
• ➤ Agency Documentation Requirements (Attachment 9)	<input type="checkbox"/>
• Proof of Non-Profit Status	<input type="checkbox"/>
• ➤ Certification of Non-Acceptance of Tobacco Funds (Attachment 10)	<input type="checkbox"/>

**NOTE:** ➤ Denotes the document requires a signature by the person authorized to bind the applicant agency. Read the documents and allow time to obtain the required signature.

➤➤ Denotes the document requires a signature by the California Department of Health Services, Tobacco Control Section-funded project. Please allow adequate time to obtain the required signature.

**Exhibit A**  
**Scope of Work**

**Grantee Name:**

**Contract Number:**

Project Name:	Revision Date:				Report Period:		
Objectives/Activities/Evaluation	© Copyright	% Percent	Start/ End Date	Responsible Party	Tracking Measures	For Progress Report Use Only	
						Document Number/ Letter	Actual Date(s) Completed
<b>Objective:</b>							
<b>Activities:</b>							

+ On file in office.

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**AGENCY DOCUMENTATION REQUIREMENTS**

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The California Department of Health Services, Tobacco Control Section (CDHS/TCS), may audit contracts at any time. The documentation required for each audit may typically include, but is not limited to the following:

Fiscal Records

- A. General Ledger, Journals, and Charts of Accounts
- B. Cash Receipts and Disbursements Journal with Supporting Documents
- C. Vendor Invoices to Support Expenditures
- D. Program Remittance Advices from State Controller
- E. Payroll Records, including, but not limited to, personnel time sheets signed/dated by the employee and supervisor reflecting actual time worked on program.
- F. Travel Log, Employee Expense Claims, and appropriate receipts
- G. Billing Records (Program Log)
- H. State and Federal Tax Withholding Records
- I. Financial Statements and Independent Auditor's Report
- J. Computation of the Fringe Benefit of Fund Sources
- K. Agency wide Budget and Listing of Fund Sources
- L. Copies of Monthly Invoices to the State
- M. Copies of Reimbursement Warrants and Remittance Advices from the State
- N. Administrative Manuals such as Personnel Policies and Procedures, Travel Policies and Procedures

Program Records

- A. Project Application (submitted in response to this RFP)
- B. Contract and Contract Amendments
- C. CDHS/TCS Competitive Grantee Administrative and Policy Manual
- D. Progress Reports and the Final Report
- E. Program Audit Reports of Site Visits
- F. Scope of Work
- G. Correspondence Regarding the Contract and/or Subcontracts
- H. Program implementation records that document the number of people served, materials developed activities conducted, etc. These records may include, but are not limited to logs, sign-in sheets, meeting minutes, survey and evaluation data, etc.

Other Records

- A. Board of Director's Minutes and Articles of Incorporation
- B. Non-Profit Approval Letter/Certification
- C. Organization Chart (Agency wide) and Duty Statements
- D. Program Correspondence Files
- E. Other Program Audits of the Facility

**AGENCY DOCUMENTATION REQUIREMENTS**

I certify that the above will be available upon request by the CDHS/TCS Program Consultant/Contract Manager and/or Auditors.

Director of Agency:

Agency Financial Management Official:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name and Title

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**CERTIFICATION OF NON-ACCEPTANCE OF TOBACCO FUNDS**


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 Company/Organization Name

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**Please check one of the following:**

☐ The applicant named above hereby certifies that it will not accept funding from nor have an affiliation or contractual relationship with a tobacco company, any of its subsidiaries, or parent company during the term of the contract from the California Department of Health Services, Tobacco Control Section. Acceptance of such funds during the term of the contract is grounds for termination.

☐ University/Colleges Only

The Principal Investigator of the university or college named above hereby certifies that he/she or any of the investigators associated with (either paid, voluntary, or in-kind) this contract have not received funding from nor had an affiliation or contractual relationship with a tobacco company, any of its subsidiaries, or parent company within the last five (5) years prior to the start date of the contract period. In addition, the Principal Investigator of the university or college named above hereby certifies that he/she or any of the investigators associated with this contract will not accept funding from nor have an affiliation or contractual relationship with a tobacco company, any of its subsidiaries, or parent company during the term of the contract from the California Department of Health Services, Tobacco Control Section. Acceptance of such funds during the term of the contract is grounds for termination.

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**CERTIFICATION**


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I, the official named below, hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of California.

Director of Agency or Principal Investigator:

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 Signature

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 Date

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 Print Name and Title



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**COMPUTER HARDWARE/SOFTWARE MINIMUM SPECIFICATIONS**


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The following hardware/software minimum specifications are necessary to ensure the proposed project has equipment for the purposes of: producing state-mandated progress reports, completing statewide independent evaluation instruments and reports, participating in PARTNERS and OTIS (Online Tobacco Information System).

Type	Minimum	# of Computers which meet the minimum
<b>Hardware</b>		
Processor	2.6 mhz, Pentium IV-class	
Hard Drive	40 Gigabyte	
RAM	512 Megabyte	
Monitor	17"	
Printer	HP Laserjet printer	
Network Card	10/100 ethernet network adapter card	
Peripherals	3.5" Floppy Disk Drive CD Rom + CD/RW Drive	
Modem	Local Area Network (LAN) LAN-based internet access or DSL service if available in area	
<b>Software</b>		
Operating System	Microsoft (MS) Windows 2000 or XP Professional	
Presentation	PowerPoint 2000	
Word Processing	Word 2000 (as part of Office 2000 Professional Suite) ①	
Spreadsheet	Excel 2000 (as part of Office 2000 Professional Suite) ①	
Database	MS Access (as part of Office 2000 Professional Suite) ①	
Broadband Internet Service Provider (ISP)	E-mail and internet access; or through existing LAN, if available.	
Internet Access	Broadband ② if available in area; or LAN internet access, if already available.	
Browsers	Internet Explorer v. 6.0	
Adobe Acrobat Reader	Adobe Acrobat Reader 6.0	
Statistical	Epi info version 3.3 ③	
Antivirus Software	Required (most current version of any brand)	

① - If MS Office 2000 Professional is not available as part of the computer package, MS Office 2002 Professional, MS Office 2003 Professional, or MS Office XP Professional may be considered instead.

② - Such as AOL, Compuserve, Earthlink, MSN, SBC Communications, Inc., SureWest, or any other Broadband Internet Service Provider which provides E-mail and high-speed internet access.

③ - May be downloaded for free at <http://www.cdc.gov/epiinfo/>

**DRUG-FREE WORKPLACE CERTIFICATION**

STD. 21 (12/93)

*I, the official named below, hereby swear that I am duly authorized legally to bind the prospective bidder, contractor or grant recipient to the certification described below. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of California.*

COMPANY / ORGANIZATION NAME:

OFFICIAL'S NAME:

DATE EXECUTED:

EXECUTED IN THE COUNTY OF:

CONTRACTOR or GRANT RECIPIENT SIGNATURE:

TITLE:

FEDERAL ID NUMBER:

The firm named above hereby certifies compliance with Government Code Section 8355 in matters relating to providing a drug-free workplace. The above named contractor or grant recipient will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355(a).
2. Establish a Drug-Free Awareness Program as required by Government Code Section 8355(b), to inform employees about all of the following:
  - (a) The dangers of drug abuse in the workplace,
  - (b) The person's or organization's policy of maintaining a drug-free workplace,
  - (c) Any available counseling, rehabilitation and employee assistance programs, and
  - (d) Penalties that may be imposed upon employees for drug abuse violations.
3. Provide as required by Government Code Section 8355(c), that every employee who works on the proposed contract or grant:
  - (a) Will receive a copy of the company's drug-free workplace policy statement, and
  - (b) Will agree to abide by the terms of the company's statement as a condition of employment on the contract or grant.

At the election of above named firm, from and after the "Date Executed" and until \_\_\_\_\_ (not to exceed 36 months), the Department of Health Services (CDHS) will regard this certificate as valid for all contracts or grants entered into between the above named firm and CDHS without requiring the above named firm to provide a new and individual certificate for each contract or grant. If the above named firm elects to fill in the blank date, then the terms and conditions of this certificate shall have the same force, meaning, effect and enforceability as if a certificate were separately, specifically, and individually provided for each contract or grant between the above named firm and CDHS.